



Suspect / Counterfeit Items IG Notification

Date _____

QQBP USE ONLY

S/CI _____	
Occurrence Report No. _____	

Characteristics of the potential fraud:**Description:**

Item _____

Quantity _____ Size _____ Rating _____

Identifying Numbers:

Serial No. _____ Model No. _____

Date S/CI discovered _____

Company:

Name of Company/Contractor: _____

Location if Known: _____

☐ Distributor ☐ Supplier ☐ Manufacturer

D/S/C Name	Project Name, If Applicable
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Location (Where S/CI was found:)

☐ Radiation Area ☐ ODH Area ☐ Cryogenic Area Other _____

Contact _____ Phone No. _____

Intended End Use:

☐ Facility Construction ☐ Component ☐ Equipment/System Assembly

Pertinent Information:

Significance of the S/CI _____

	Dollar Value of the S/CI	
Notified	ORPS Manager	Date Notified _____
	D/S/C S/CI Coordinator	Date Notified _____
	D/S/C SSO	Date Notified _____

Disposition:

Instructions by Site S/CI Coordinator

Written by	_____	Date	_____
Concurred by	_____	Date	_____
S/CI Site Coordinator	_____	Date	_____

INSTRUCTIONS

Suspect / Counterfeit Items IG Notification

Please supply as much information as possible

Fill-in ALL Blanks – Answer the question or use “unknown” or “N/A”, as applicable

DATE: The date that the form is being filled out.

CHARACTERISTICS OF THE POTENTIAL FRAUD: Describe the item that you consider as a potential counterfeit item. What do you suspect to be fraudulent? Configuration, markings, shape, paper work for the item, packaging, etc.

ITEM: Name of the item. **QUANTITY:** The quantity identified. **SIZE:** Dimensions of the item.

RATING: The rating of any item, such as the rating of a circuit breaker.

SERIAL NO. AND MODEL NO.: The serial and model numbers that are on the item or on the associated paper work.

DATE S/CI DISCOVERED: Date you discovered the S/CI.

COMPANY: The manufacturer that made the item. **CONTRACTOR:** The contractor that brought the S/CI on site.

LOCATION: Address of the manufacturer where the item was made.

DISTRIBUTOR, SUPPLIER, OR MANUFACTURER: Check the box next to the title that best describes the company that provided the item.

D/S/C Name: Organization that procured the item.

PROJECT NAME: The project for which the contractor is supplying the item, if applicable.

LOCATION: Indicate where the S/CI was found, and where the S/CI and paper work is being held (prior to receiving disposition direction from the site S/CI coordinator).

FACILITIES: Check the box to indicate if the S/CI is in a radiation, ODH, or Cryogenic Area. **OTHER:** Indicate special access requirements, safety hazard considerations, or special use areas.

CONTACT: Person or persons that can explain the condition of the item and the what, when, where, why, and how it was identified (Fermilab person). Phone number of the contact person.

INTENDED END USE: Check the area in which this item was intended to be used.

SIGNIFICANCE OF THE S/CI: What is the importance of the use of this item?

DOLLAR VALUE OF THE S/CI: If possible, give the dollar value per piece and then the dollar value for the quantity identified. Example: \$7.00 / \$21.00.

NOTIFIED: Enter the names of the ORPS manager, D/S/C S/CI Coordinator, and D/S/C SSO that were notified of this S/CI and the dates that they were notified.

DISPOSITION: Directions by Site S/CI Coordinator (e.g., isolate, tag, remove and quarantine, keep for training, use as-is).

WRITTEN BY: Signature of the person that filled out this report and date.

CONCURRED BY: Signature of the supervisor who concurs with this report and date.

S/CI SITE COORDINATOR: OQBP S/CI coordinator acknowledgement of the report and date.